

ADMINISTRATIVE	OBTS NUMBER		ARREST/NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		3	Juvenile	No									
	Agency ORI Number FL 0501700		Agency Name Jupiter Police Department				Agency Report Number 54 - 19 - 000835															
	Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other						Weapons Seized/Type 1. Yes 2. No 2															
	Location of Arrest (Including Name of Business)				Location of Offense (Business Name/Address) Orchids of Asia Day Spa 103 S US Hwy 1 C2, Jup.				Date of Offense 01/22/19													
DEFENDANT	Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time		Fingerprinted By: <input type="checkbox"/> Identification <input type="checkbox"/> AFIS <input type="checkbox"/> Criminal									
	Location of Vehicle				Other Local Number		FDLE Number		DOC Number		FBI Number											
	Name (Last, First Middle) Firing, Craig Peter								Alias (Name, DOB, Soc. Sec. #, Etc.)													
	Race W - White B - Black		Sex W M		Date of Birth 07/03/1954		Height 6'4"		Weight unk		Eye Color unk		Hair Color Brn		Complexion med		Build large					
CO-DEF.	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status unk		Religion unk		Indication of: Alcohol Influence Drug Influence		Y N Un. <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>					
	Local Address (Street, Apt. Number) 19850 Beach Rd Apt. 6D				(City) Jupiter Island		(State) FL		(Zip) 33469		Phone ( )		Residence Type: 1. City 2. County 3. Florida 4. Out of State									
	Permanent Address (Street, Apt. Number) same				(City)		(State)		(Zip)		Phone ( )		Address Source DL									
	Business Address (Name, Street)				(City)		(State)		(Zip)		Phone ( )		Occupation unk									
JUVENILE	D/L Number F 652 115 54 243 o		D/L State FL		Soc. Sec. Number		INS Number		Place of Birth New Jersey				Citizenship US									
	Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile							
	Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile							
	<input type="checkbox"/> 1. Parent <input type="checkbox"/> 2. Legal Custodian <input type="checkbox"/> 3. Other:		Name (Last, First, Middle)										Residence Phone ( )									
CODE	Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone ( )													
	Notified By: (Name)				Date		Time		Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/DCF 3. Incarcerated													
	Released To: (Name)				Relationship				Date		Time											
	The above address was provided by the defendant and/or defendant's parent/guardian. The child and/or parent/guardian was told to keep the Juvenile Division Office (Phone 561-355-7200) informed of any change of address. Yes, by: (Name) No: (Reason)										School Attended		Grade									
CHARGE	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property						Value of Property													
	Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/Distribute Distribute		M. Manufacture Produce/ Cultivate		Z. Other		Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other	
	Charge Description Solicit another to commit prostitution				Counts 1		<input checked="" type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number 796.07(5)(a)1				Violation of ORD #									
	Activity N		Drug Type N		Amount/Unit N/A		Offense # 19-000835		Warrant/Capias Number				Bond									
CHARGE	Charge Description				Counts		<input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number				Violation of ORD #									
	Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number				Bond									
	Charge Description				Counts		<input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number				Violation of ORD #									
	Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number				Bond									
CHARGE	Charge Description				Counts		<input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number				Violation of ORD #									
	Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number				Bond									
	Charge Description				Counts		<input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number				Violation of ORD #									
	Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number				Bond									
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) North County Courthouse, 3188 PGA Blvd., Palm Beach Gardens, FL 33410																			
	Court Date and Time Month Day Year Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.																					
	I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.																					
	Signature of Defendant (or Juvenile and Parent/Custodian)																					
ADMIN	HOLD for other Agency Name:				Signature of Arresting Officer X				Name Verification (Printed by Prisoner) (PRINT)													
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) Det. A. Sharp #412/1101				I.D.#													
	Intake Deputy I.D.#		Pouch #		Transporting Officer I.D.#				Agency													
	Witness here if subject signed with an "X"																					
PAGE 1 of 1																						

DISTRIBUTION: COURT - 1 COPY STATE ATTORNEY - 1 COPY AGENCY - 2 COPIES DEFENDANT - 1 COPY

